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CONFIRMATION NO. 5998

SERIAL NUMBER 09/900,355	FILING OR 371(c) DATE 07/06/2001 RULE	CLASS 424	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. PHO-122
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/218,464 07/14/2000
 which is a CIP of 09/130,041 08/06/1998 ABN
 This application 09/900,355
 claims benefit of 60/149,015 08/13/1999
 and is a CIP of 09/635,276 08/09/2000 ABN
 and is a CIP of 09/799,785 03/06/2001 PAT 7,390,668

CWC
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**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 08/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 4	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

MEDICAMENTS FOR CHEMOTHERAPEUTIC TREATMENT OF DISEASE

FILING FEE RECEIVED 1694	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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